



# Nevada Division of Insurance

788 Fairview Drive, Suite 300, Carson City, Nevada 89701-5491 **Phone:** (775) 687-4270 **Fax:** (775) 687-3937 **Web:** doi.nv.gov

## Service Contract Provider Application

The following questions must be answered by all applicants.

### Section I:

Provider Name		Federal Employer ID	
Corporation Address	City	State	Zip
Mailing Address (if different)	City	State	Zip
Contact	Phone		
Fax	E-mail		
Date of incorporation of applicant	State of incorporation of applicant		

Please attach a list of executive officers **and all** officers responsible for service contract business and include the following information (attach additional sheets if necessary):

Name	Title	Date of Birth	Social Security Number	
Residence Address	City	State	Zip	
Name	Title	Date of Birth	Social Security Number	
Residence Address	City	State	Zip	
Name	Title	Date of Birth	Social Security Number	
Residence Address	City	State	Zip	

Please attach a copy of the applicant's charter or certificate of incorporation.

Have you designated an administrator to be responsible for administration of Nevada service contracts?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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List names and addresses of the administrators designated. Attach additional sheets if necessary.

Name	Address	City	State	Zip
Name	Address	City	State	Zip
Name	Address	City	State	Zip

**Section II:**

Within the past 10 years, has applicant or any of the officers listed in Section I ever:

- |   |  |
|---|--|
| (a) Been convicted of a felony or any misdemeanor of which an essential element is fraud?   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| (b) Been insolvent or adjudged a bankrupt?  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| (c) Been refused a license or registration (including a license or registration as a service contract provider) or had an existing one suspended or revoked by any state or governmental agency or authority? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| (d) Been fined by any state or governmental agency or authority in any matter regarding service contracts?  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Other than traffic infractions, is there now pending against any of the applicant's officers or directors any criminal actions?   | <input type="checkbox"/> Yes <input type="checkbox"/> No |

**Please note:** If any part of Section II was answered, "yes," attach an explanation.

**Section III:**

Which **one** of the following proofs of financial responsibility is the applicant using to comply with requirements of Nevada Revised Statute [\(NRS\) 690C.170](#)?

Provide appropriate documentation for the option selected.

- ☐ 1. Contractual Liability Insurance Policy issued by an insurer authorized to transact insurance in Nevada. Provide a copy of the policy.
- ☐ 2. Maintain a reserve account in an amount equal to at least 40 percent of the gross consideration received by the provider for any unexpired service contracts less any claims paid on those unexpired service contracts. Provide an affidavit signed by a corporate officer and attesting to the accuracy of the reserve account.

**And**

Deposit with the Commissioner security in an amount equal to \$25,000 or 5 percent of the gross consideration received by the provider for any unexpired service contracts, less any claims paid on the unexpired service contracts, whichever is greater.

Security must be one or more of the following. Check all that apply:

- ☐ a. Surety bond issued by surety company authorized to do business in Nevada
- ☐ b. Securities of the type eligible for deposit pursuant to [NRS 682B.030](#)
- ☐ c. Cash
- ☐ d. An irrevocable letter of credit issued by a qualified U.S. financial institution

- ☐ 3. Maintain, or be a subsidiary of a parent company that maintains, a net worth or stockholders' equity of at least \$100,000,000. Provide a copy of the most recent Form 10-K report or Form 20-F report that has been filed with the SEC, or provide a copy of the most recently audited financial statement.

**Please note:** Pursuant to [NRS 690C.120](#), [NRS 690C.170](#) and [NRS 679B.225](#), documentation that the selected proof of financial responsibility continues in force **must be submitted annually** with the appropriate renewal application.

**Section IV:**

The applicant certifies that the service contracts issued in this state meet the requirements set forth in [Chapter 690C](#) of the Nevada Revised Statutes and the Nevada Administrative Code, and, under penalty of perjury, (I) or (we) affirm that the statements made in the foregoing application are true and hereby subscribe thereto.

**Please note:** This application must be verified and signed by one of the officers named in Section I of this application.

Date	Name of Corporation	Phone
Signature of Officer in Full		
Print Name and Title		